



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 375TH AIR BASE GROUP (MAC)

SCOTT AIR FORCE BASE, ILLINOIS 62225

EPA Region 5 Records Ctr.



356905

DEEV

19 DEC 1985

Submission of Amended RCRA "Part A" Permit Application

RECEIVED

DEC 26 1985

USEPA, Region V  
RCRA Activities  
P.O. Box A3587  
Chicago, IL 60690

SWD - AIS  
U.S. EPA, REGION V

1. During the RCRA inspection performed by Tom Powell (Illinois EPA, Region IV) on 8 May 85, we discovered that our existing permit did not accurately represent the process design capacity of our facility. Also, the existing permit listed the permitted storage facility as Building 59, while in fact the drum storage facility (the Aqua Yard) is located adjacent to the building and is not the building itself. We also had some wastes that were generated at the base in recent years but were excluded in the "Description of Hazardous Wastes" section of the existing permit. Finally, we found that photographs of the permitted facilities were out of date.

2. Mr Powell advised us to submit an amended "Part A" to correct these deficiencies. Enclosed for your processing is our application. If you have any questions or require additional information, please give me a call at (618)256-2092.

PAUL R. MUNNELL, 1 Lt, USAF  
Environmental Coordinator

RECEIVED

JAN 6 1986

EPA-DLPC

U.S. ENVIRONMENTAL PROTECTION AGENCY <b>EPA</b> GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER														
<b>EPA I.D. NUMBER</b> <b>FACILITY NAME</b> <b>FACILITY ADDRESS</b> <b>MAILING ADDRESS</b> <b>FACILITY LOCATION</b>	<b>PLEASE PLACE LABEL IN THIS SPACE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">I</td> <td style="text-align: center;">L</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> <td style="text-align: center;">7</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">D</td> </tr> </table> <p><b>GENERAL INSTRUCTIONS</b></p> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	F	I	L	7	5	7	0	0	2	4	1	7	7	D
F	I	L	7	5	7	0	0	2	4	1	7	7	D			

**II. POLLUTANT CHARACTERISTICS**

Read Instructions C through I to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any of the questions, you must submit the appropriate form(s) to the EPA. If you answer "no" to all questions, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section U of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X'	FORM ATTACHED
	YES	NO		YES	NO
1. Is this facility a facility which produces waste water which is a pollutant in waters of the U.S.? (FORM 2A)		X	2. Is this facility a facility which currently results in discharges of waste of the U.S. other than those described in A or B above? (FORM 2C)		X
3. Does or will this facility treat, store, or dispose of hazardous waste? (FORM 2D)	X		4. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X
5. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may effect or be located in an attainment area? (FORM 5)		X	6. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may effect or be located in an attainment area? (FORM 5)		X

**III. NAME OF FACILITY**

SCOTT AIR FORCE BASE

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
EVERETT, MARK, CH. ENGRG. & ENVMTL	618 256 4764

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
375 ABG/DEE	SCOTT AIR FORCE BASE	IL	62225

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
AQUA YARD & BUILDING 540	ST. CLAIR	SCOTT AIR FORCE BASE	IL	62225	

<b>IC CODES (4-digit, in order of priority)</b>	
<b>A. FIRST</b> (specify) 0 7 1 1 National Security	<b>B. SECOND</b> (specify) 7
<b>C. THIRD</b> (specify) 4 5 2 1 Military Air Transport Service	<b>D. FOURTH</b> (specify) 7

<b>III. OPERATOR INFORMATION</b>	
<b>A. NAME</b> SCOTT AIR FORCE BASE	<b>B. Is the name listed in Item VIII-A also the owner?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>C. STATUS OF OPERATOR</b> (Enter the appropriate letter into the answer box; if "Other", specify.) F - FEDERAL    M - PUBLIC (other than federal or state)    (specify) S - STATE       O - OTHER (specify) P - PRIVATE	<b>D. PHONE</b> (area code & no.) A 6 1 8 2 5 6 4 7 6 4
<b>E. STREET OR P.O. BOX</b> 3 7 5 A B G / D E D	
<b>F. CITY OR TOWN</b> SCOTT AIR FORCE BASE	<b>G. STATE</b> I L
<b>H. ZIP CODE</b> 6 2 2 2 5	<b>IX. INDIAN LAND</b> Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<b>IV. ENVIRONMENTAL PERMITS</b>	
<b>A. NPDES (Discharges to Surface Water)</b> I L 0 0 2 6 8 5 9	<b>D. PSD (Air Emissions from Proposed Sources)</b> 9 P
<b>E. UNC (Underground Injection of Fluids)</b> 9 U	<b>E. OTHER (specify)</b> 7 8 0 3 0 0 4 3 (specify) Oil Fired Boilers
<b>C. RCRA (Hazardous Wastes)</b> 9 R	<b>E. OTHER (specify)</b> 8 2 1 1 0 0 5 0 (specify) Pathological Waste Incinerator

**XI. MAP**  
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**  
 Scott AFB is the Headquarters for the Military Airlift Command and Air Force Communications Command. The 375 Aeromedical Airlift Wing is the operational flying unit based at Scott AFB. As a result, the base conducts a variety of military missions as well as conducting aircraft flights, maintenance, supply, transportation, and other base support functions.

**XIII. CERTIFICATION (see instructions)**  
 I, Mark D. Everett, certify that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME &amp; OFFICIAL TITLE (type or print)</b> MARK D. EVERETT Chief, Engrg & Envmtl Planning Br	<b>B. SIGNATURE</b> <i>Mark D. Everett</i>	<b>C. DATE SIGNED</b> 16 Dec 85
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**COMMENTS FOR OFFICIAL USE ONLY**

<div style="display: inline-block; text-align: center;"><b>FORM 3</b> RCRA</div> <div style="display: inline-block; text-align: center;"> <b>EPA</b></div> <div style="display: inline-block; text-align: center;"><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small></div>		<b>I. EPA I.D. NUMBER</b> F I L 7 5 7 0 0 2 4 1 7 7																																																																																																																							
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<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																																																																																									
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)</p><div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;">C</td><td style="text-align: center;">YR.</td><td style="text-align: center;">MO.</td><td style="text-align: center;">DAY</td></tr><tr><td style="text-align: center;">8</td><td style="text-align: center;">8 0</td><td style="text-align: center;">0 7</td><td style="text-align: center;">1 4</td></tr><tr><td style="text-align: center;">15</td><td style="text-align: center;">73 74</td><td style="text-align: center;">75 76</td><td style="text-align: center;">77 78</td></tr></table><p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. NEW FACILITY (Complete item below.)</p><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;">YR.</td><td style="text-align: center;">MO.</td><td style="text-align: center;">DAY</td></tr><tr><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td><td style="text-align: center;">[ ]</td></tr><tr><td style="text-align: center;">73 74</td><td style="text-align: center;">75 76</td><td style="text-align: center;">77 78</td></tr></table><p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p></div></div></div><div style="width: 48%;"><p><b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)</p><div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT</p></div></div></div></div>														C	YR.	MO.	DAY	8	8 0	0 7	1 4	15	73 74	75 76	77 78	YR.	MO.	DAY	[ ]	[ ]	[ ]	73 74	75 76	77 78																																																																																							
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<p><b>A. PROCESS CODE</b> - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).</p>																																																																																																																									
<p><b>B. PROCESS DESIGN CAPACITY</b> - For each code entered in column A enter the capacity of the process.</p> <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. AMOUNT - Enter the amount.</p><p>2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</p></div><div style="width: 48%;"><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>PROCESS</th><th>PRO- CESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td colspan="3"><b>Storage:</b></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td></tr><tr><td colspan="3"><b>Disposal:</b></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td></tr></tbody></table><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>UNIT OF MEASURE</th><th>UNIT OF MEASURE CODE</th></tr></thead><tbody><tr><td>GALLONS</td><td>G</td></tr><tr><td>LITERS</td><td>L</td></tr><tr><td>CUBIC YARDS</td><td>Y</td></tr><tr><td>CUBIC METERS</td><td>C</td></tr><tr><td>GALLONS PER DAY</td><td>U</td></tr></tbody></table></div></div>														PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	<b>Storage:</b>			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	S02	GALLONS OR LITERS	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	<b>Disposal:</b>			INJECTION WELL	D79	GALLONS OR LITERS	LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	LAND APPLICATION	D81	ACRES OR HECTARES	OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY	SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS	UNIT OF MEASURE	UNIT OF MEASURE CODE	GALLONS	G	LITERS	L	CUBIC YARDS	Y	CUBIC METERS	C	GALLONS PER DAY	U																																																												
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<p><b>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):</b> A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																																																																																									
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<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO- CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO- CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th></tr><tr><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th><th>1. AMOUNT</th><th>2. UNIT OF MEASURE (enter code)</th></tr></thead><tbody><tr><td>X-1</td><td>S 0 2</td><td>600</td><td>G</td><td></td><td>5</td><td></td><td></td><td></td><td></td></tr><tr><td>X-2</td><td>T 0 3</td><td>20</td><td>E</td><td></td><td>6</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td>S 0 1</td><td>1980</td><td>G</td><td></td><td>7</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td>8</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td>9</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td><td></td></tr></tbody></table>														LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT	2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G		5					X-2	T 0 3	20	E		6					1	S 0 1	1980	G		7					2					8					3					9					4					10																																						
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**III. PROCESSES** *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L 7 5 7 0 0 2 4 1 7 7 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	D 0 0 6	2700	P	S	0	1																			
2	F 0 0 1	2000	P	S	0	1																			
3	F 0 0 2	300	P	S	0	1																			
4	F 0 0 3	1500	P	S	0	1																			
5	F 0 0 5	1500	P	S	0	1																			
6	F 0 0 7	650	P	S	0	1																			
7	F 0 0 8	100	P	S	0	1																			
8	F 0 0 9	600	P	S	0	1																			
9	U 0 0 2	400	P	S	0	1																			
10	U 0 1 9	400	P	S	0	1																			
11	U 0 3 6	150	P	S	0	1																			
12	U 0 3 7	200	P	S	0	1																			
13	U 0 8 8	150	P	S	0	1																			
14	U 1 8 8	150	P	S	0	1																			
15	U 2 2 0	800	P	S	0	1																			
16	U 2 2 6	500	P	S	0	1																			
17	U 2 3 9	150	P	S	0	1																			
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)															
3	F	I	L	7	5	7	0	0	2	4	1	7	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)														
65	66	3	8	67	68	3	2	69	70	0	2	72	73	8	9	74	75	5	1	76	77	3	3	78

**VIII. FACILITY OWNER**

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
C	E	17	18											83	84	58	59	61	62	63			
3. STREET OR P.O. BOX												4. CITY OR TOWN											
C	F	12	13	45	14	15											49	51	52	47	51		
5. ST.												6. ZIP CODE											

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
EDWARD A. GLOWATSKI, Col, USAF Base Commander	Edward A. Glowatski	16 Dec 1985

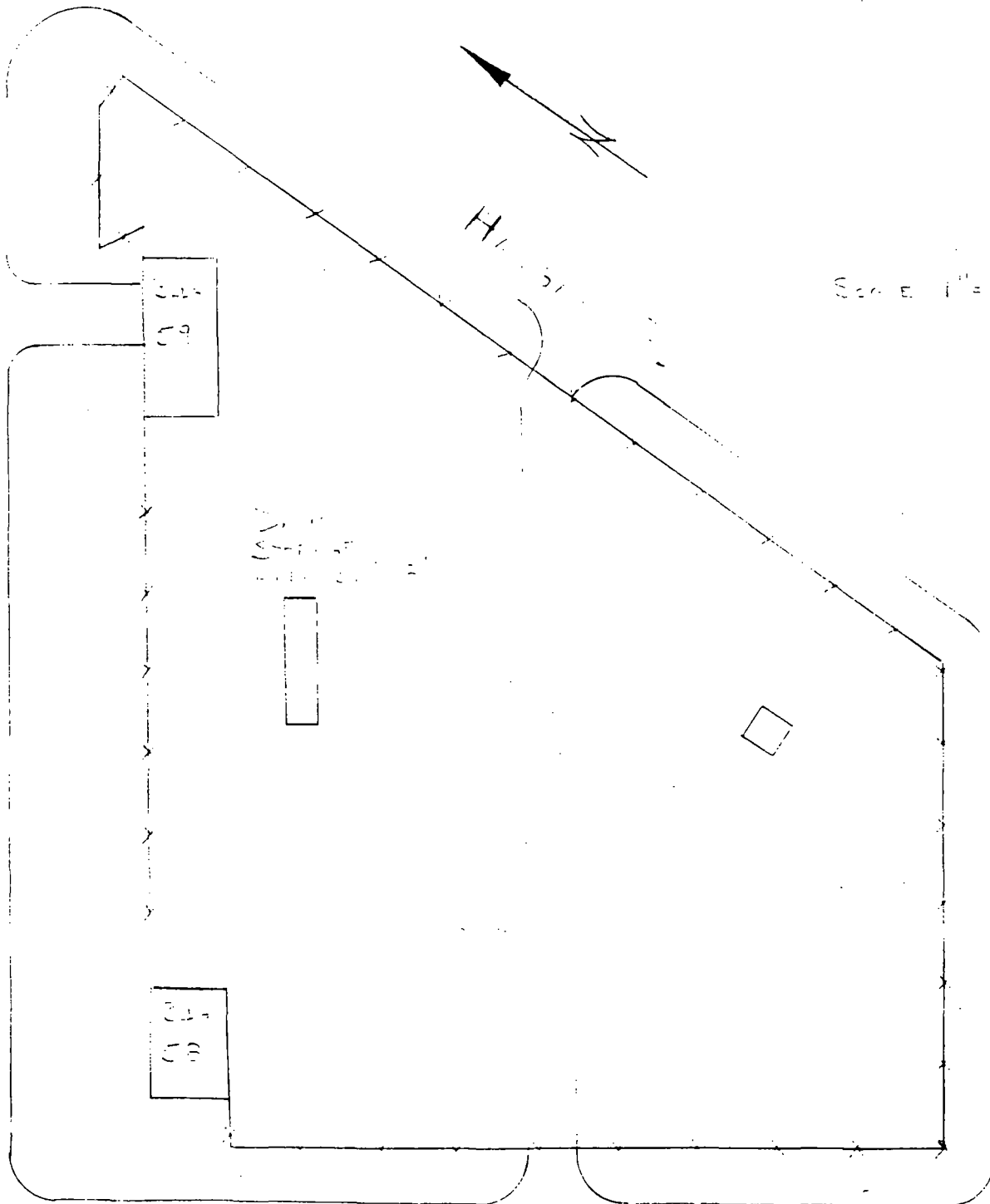
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
FLOYD A. ASHDOWN, Col, USAF Base Civil Engineer	Floyd A. Ashdown	16 DEC 1985

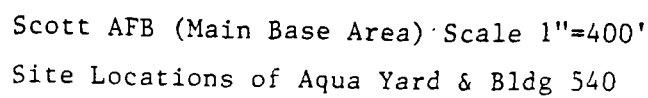
V. FACILITY DRAWING (see page 4)

EQUA YARD

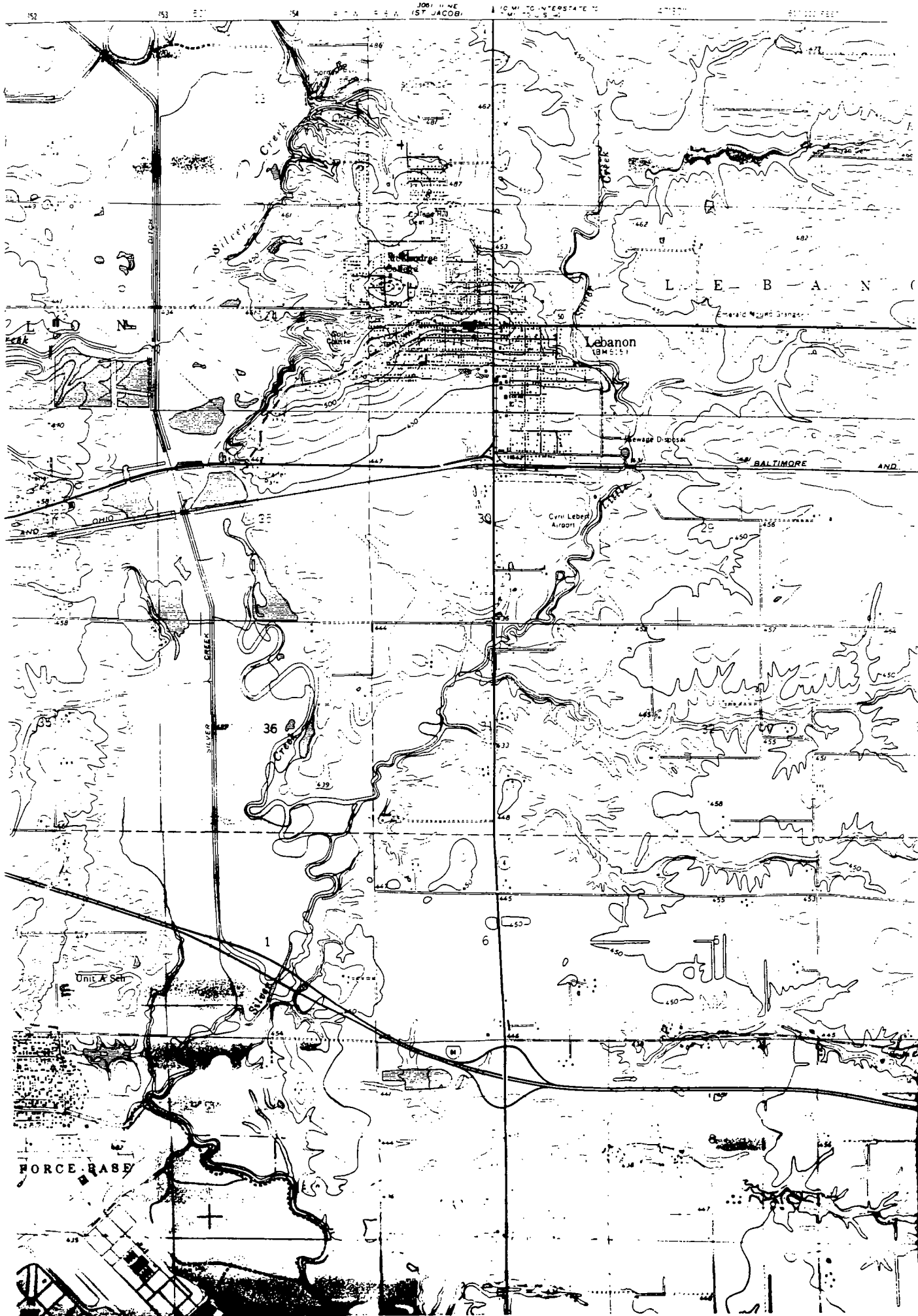


Scale 1" = 10'

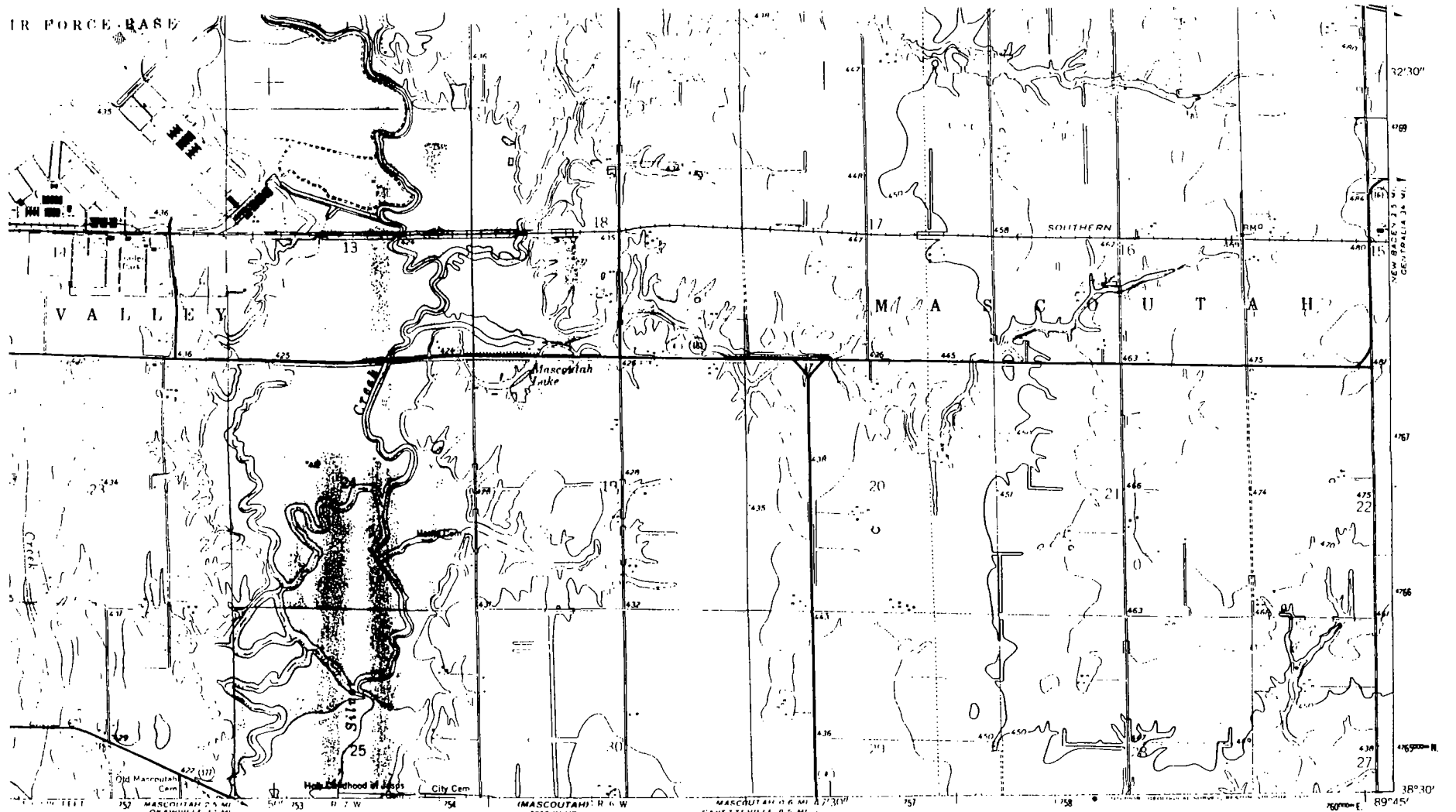




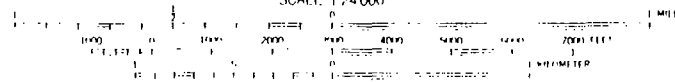
STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
GEOLOGICAL SURVEY DIVISION



IR FORCE BASE



SCALE 1:24,000



CONTOUR INTERVAL 10 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

ROAD CLASSIFICATION  
Heavy duty ——— Light duty ———  
Medium duty - - - - - Unimproved dirt  
( ) U.S. Route ( ) State Route  
( ) Interstate Route



QUADRANGLE LOCATION

LEBANON, ILL.  
N1810--W8945/7.5

1954

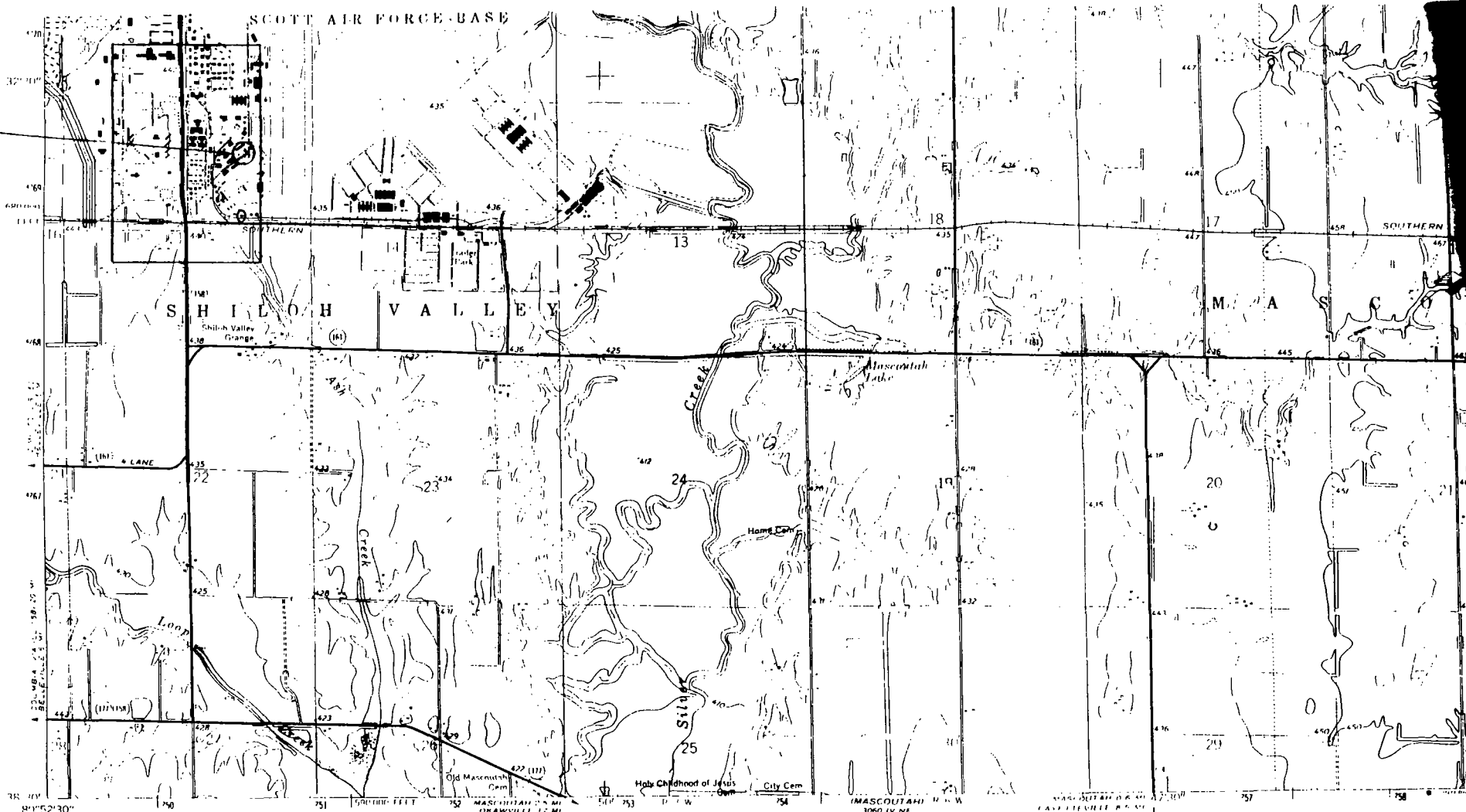
PHOTOREVISED 1968 AND 1974

AMS 5061 III SE SERIES V853

THIS MAP COMPLETS WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092  
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

UTM GRID AND 1983 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

SITE  
LOCATION



1960-1964  
1960-1964

Mapped by the Geological Survey  
Revised by the Army Map Service  
Published for civil use by the Geological Survey  
Control by USGS and USAMSGS

Culture and drainage in part compiled from aerial photographs taken 1946. Topography from plane-table surveys by the Geological Survey 1948. Planimetric detail revised from aerial photographs taken 1952. Field check 1954.

Polyconic projection. 1927 North American datum.  
10,000 feet per inch based on Illinois coordinate system, zone 10.  
10000 meter Universal Transverse Mercator grid ticks, zone 16,  
shown in blue.

Revisions shown in purple compiled by the Geological Survey from  
aerial photographs taken 1968 and 1974.

This information not held locked

UTM GRID AND TRUE MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

CONTOUR INTERVAL 10 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY RESTON, VIRGINIA 22092  
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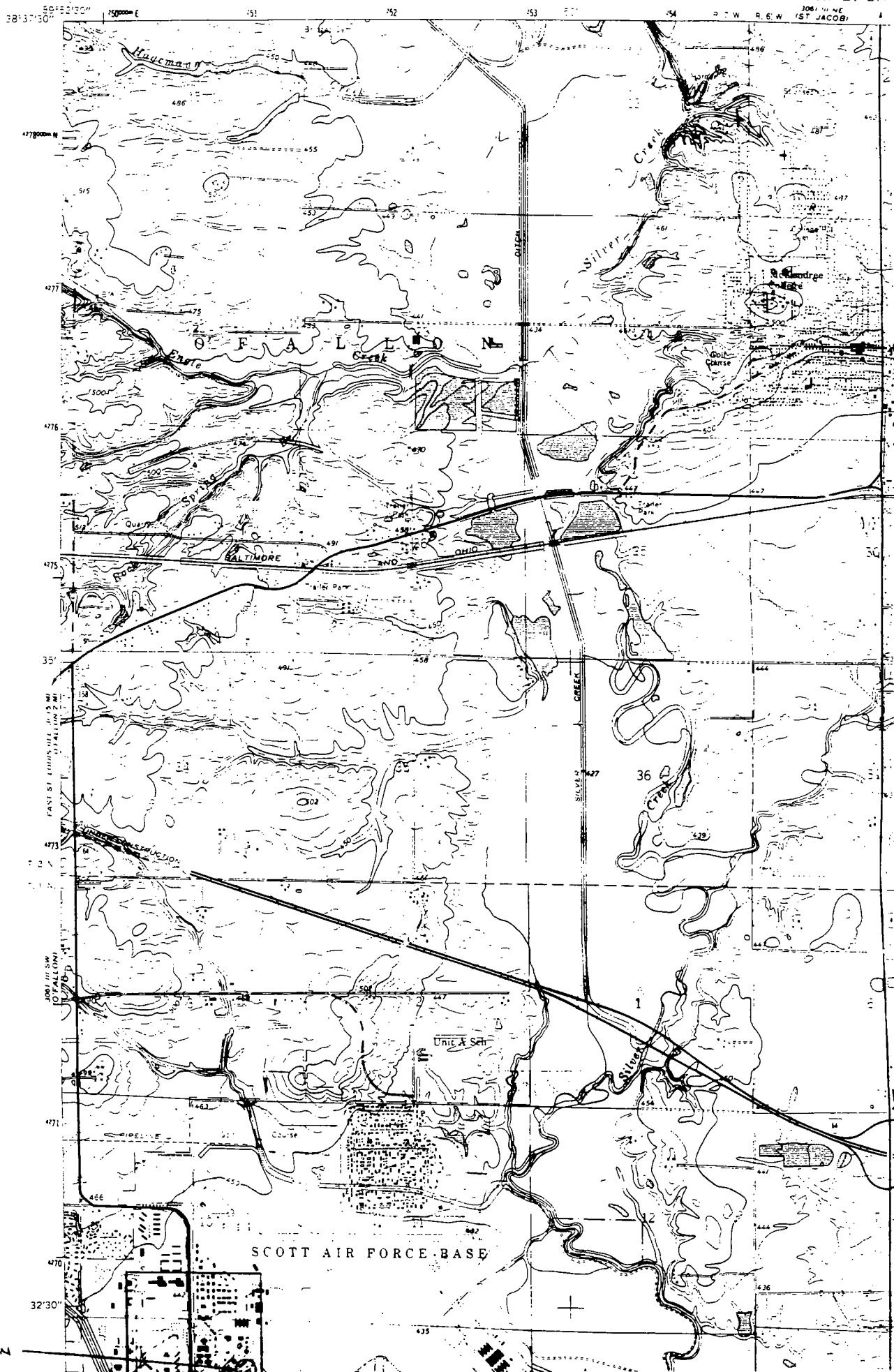
QUADRANGLE LOCATION

Heavy dt  
Medium

COLINSVILLE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION  
GEOLOGICAL SURVEY DIV.



SITE  
LOCATION

